24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼						
Mississippi Conservatives	C C00554774					
		U				
Check if Z 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee		Date of Public Distribution/Dissemination				
Targeted Victory		06 12 Y Y Y Y Y				
Mailing Address 1033 North Fairfax St.		Amount				
City State Z	Zip Code	5000.00				
Alexandria MS 2	22314	Transaction ID : SE.4444 Date of Disbursement or Obligation				
Purpose of Expenditure Facebook Ads	Category/ Type 004	06 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate	Support Office	Sought: House District:				
Mr. Christopher Brian McDaniel	X Oppose	President Senate State: MS				
Calendar Year-To-Date	Disbu 5000.00 2014	rsement For: Primary General				
Per Election for Office Sought	2014	✓ Other (specify) ►Runoff				
Full Name of Payee Winning Edge		Date of Public Distribution/Dissemination				
Moiling Address		06 12 2014				
Mailing Address PO Box 269		Amount				
City State Z	Zip Code	5553.78				
Alexandria AL	36250	Transaction ID : SE.4442 Date of Disbursement or Obligation				
Purpose of Expenditure Mail Postage, Printing and Production	Category/ Type 004	M 06 / 16 / 2014				
Name of Federal Candidate	Support Office	Sought: House District:				
Mr. Christopher Brian McDaniel	X Oppose	President Senate State: MS				
Calendar Year-To-Date Per Election for Office Sought	14961.50 Disbu 2014	rrsement For: Primary General Other (specify) ► Runoff				
(a) SUBTOTAL of Itemized Independent Expenditures						
	·	7 7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7				
(c) TOTAL Independent Expenditures	·····					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Mr. Brian Perry [Electronica	ally Filed] Date 0	6 12 2014				
Signature						

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

	chedule E)	ITOTIES		PAGE 2 OF 2 FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)		FEC I	DENTIFICATION NUMBER ▼			
IV	lississippi Conservatives		С	C00554774			
Check if Z 24-hour report 48-hour report New report Amends report filed on							
	Full Name of Payee Winning Edge		M = M	ic Distribution/Dissemination			
	Mailing Address PO Box 269		06 Amount	12 2014			
	City State	Zip Code		4407.72			
	Alexandria AL			Transaction ID : SE.4443 Date of Disbursement or Obligation			
	Purpose of Expenditure Mail Postage, Printing and Production	Category/ Type 004	M M M	16 2014			
	Name of Federal Candidate	Support	Office Sought:	House District:			
	Mr. Christopher Brian McDaniel	X Oppose	President	Senate State: MS			
	Calendar Year-To-Date Per Election for Office Sought	9407.72	Disbursement For: 2014	Primary ☐ General pecify) ► Runoff			
	Full Name of Payee		Date of Pub	lic Distribution/Dissemination			
	Mailing Address		Amount				
	City State	Zip Code					
	Purpose of Expenditure	Category/ Type	Date of Disk	pursement or Obligation			
	Name of Federal Candidate	Support	Office Sought:	House District:			
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	Primary General			
	(a) SUBTOTAL of Itemized Independent Expenditures		>	4407.72			
	(b) SUBTOTAL of Unitemized Independent Expenditures		>	492			
	(c) TOTAL Independent Expenditures		>	14961.50			
	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	Mr. Brian Perry [Electron	nically Filed] Date	06 / 12	2014			
	Signature						